DEPARTMENT OF HEALTH AND	HUMAN SERVICES
CENTERS FOR MEDICARE & ME	DICAM SERVICES

FORM APPROVED

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE 1 3 0 1 Virginia	
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
O: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One)	4. PROPOSED EFFECTIVE DATE January 1, 2013	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	7. FEDERAL BUDGET IMPACT a. FFY 2013 b. FFY 2014 \$ 26,595.03	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Attach. 4.19-B, Supplement 7, Pages 1, 2, 3 and 4 of 4.	OR ATTACHMENT (If Applicable) New pages	
10. SUBJECT OF AMENDMENT		
Physician Primary Care Rate Increase		
11. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMEN ²⁰¹³ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Secretary of Health and Human Resources	
12. SIGNATURE OF STATE AGENCY OFFICIAL 16. RETURN TO		
13. TYPED NAME Cynthia B. Jones	Dept. of Medical Assistance Services	
14. TITLE	600 East Broad Street, #1300 Richmond VA 23219	
(E DATE CURLITTER		
2/25/13	Attn: Regulatory Coordinator	
TOR REGIONAL OFFICE USE ONLY		
	ATÉ APPROVED.	
PLAN APPROVED ONE CO	OPY ATTACHED	
TAMUAKU 1 2013	GNAP OF REGIONAL OF PLOAY	
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FORM CMS-179 (07/92) Instructions on Back		